PTO/S8/17 (07-05)

Approved for use through 51/31/2007, OMB 0651-032

U.S. Patest and Trademark Office, U.S. DEPARTMENT OF COMMERCE

3 50860500 of information unless it dismarks a valid 0659 committee.

Under the Paperwork Reduction Act (x 1995, no person are :	Ledinseq po	respond to a dollactio		account to the same of the sam		convorname
Effective on 12/0	Complete if Known						
FEE TRANSMITTAL For FY 2006					April 27, 2001		
			First Named Inventor		Toshiya HAGIHARA		
			francourant and a second and a		E. L. T. Umez		
Applicant claims small entity status. See 37 CFR 1.27			Art Linit 1765				
TOTAL AMOUNT OF PAYMENT (\$) 180,00			Attorney Dockst No. 1422-0472P				
METHOD OF PAYMENT (chec	k all that apply)	***********			***************************************	***************************************	
Check Credit Card	Money Order	Non	ne Otber (please identi	5 y):		***************************************
X Deposit Account Capesit Acces	it Nameber 02-2448	Deposit Acc	bount Name	Birch, Ster	wari, Kolasch	& Birch, I	LLP
For the above-identified de	posit account, the I	Director is	hereby authorize	ed to: (check	k all that apply) :	
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) under 37 CFR		yments o	f x Credit	any overpa	yments		
FEE CALCULATION		************			***************************************		
1. BASIC FILING, SEARCH, AND		ES					
£	ILING FEES	SE	ARCH FEES	EXAMIN.	ATION FEES Small Entity	;	
Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity i Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility 300	.150	500	250	200	100	***************************************	
Design 200	100	100	50.	130	65	*************	
Plant 200	100	300	150	160	- 80		
Reissue 300	150	500	250	600	300		
Provisional 200) 100	0	0	S	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	196
Multiple dependent claims	m		eli vidi vidi.	x x	ii)ta Wananat	360	180
		'aid (\$) <u>Multiple Depe</u> Fee (\$)			em Cianns Fee Paid (1		
7 -45 × HP = highest number of total claims paid f	x = cr, if greater than 20.			1188	:3%1	E. S. S. A. MILINA	£2 _.
Indep Claims Extra Claims	Fee (\$)	Fee F	² aid (\$)			***************************************	*********
3 - 10 = FIP = highest number of independent dain	x maint for if growther than	an i					
3. APPLICATION SIZE FEE	to para tor, a greator wa	go, 12.		, *********	***************************************		
If the specification and drawings histings under 37 CFR 1.52(e))	, the application si	ze fee du	e is \$250 (\$125 i	omeally file or small em	ed sequence or tity) for each a	eomputer dditional 5	0
sheets or fraction thereof. See <u>Total Sheets</u> Extra She			dditional 50 or frac	tion thereof	Fee (\$)	Fse	Paid (\$)
- 100 ×		*********	(round up to a who			*	************
4. OTHER FEE(S) Non-English Specification. \$1		ititu dise	ining 3			Fees	Paid (\$)
Other (e.g., late filing surcharge				isclosure S	Statement	18	30.00
SUBMITTED BY							***************************************
Signature \				32,881	Telephone	(703) 20	5-8000
Name (PansType) John W. Bailey	***************************************		Gate]	December	18, 2006		
		***************************************	<u> </u>			***************************************	······································